

ORIGINAL

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

10-

5556

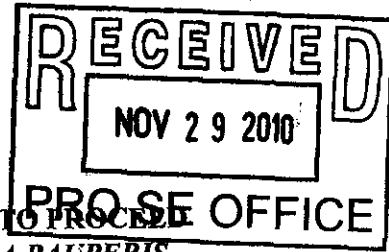
ANNEHE NASH / William Heines

Plaintiff

-vs-

Staten Island University Hospital's
Dr. Barbara Minkowitz, MD. (et al)
Dr. Barbera, Carl, Dr. Thomas, Usha, MD.
Dr. Burnaspin, MD. Defendant(s)

REQUEST TO PROCEED
IN FORMA PAUPERIS



TOWNES, J.
BLOOM, M.J.

I, Annette Nash, am the plaintiff in the above entitled case. I hereby request to proceed without being required to prepay fees or costs or give security therefore. I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefore, and I believe I am entitled to redress.

1. If you are presently employed:
- a) give the name and address of your employer
 - b) state the amount of your earnings per month

NO

2. If you are **NOT PRESENTLY EMPLOYED**:
- a) state the date of start and termination of your last employment
 - b) state your earnings per month.

YOU MUST ANSWER THIS QUESTION EVEN IF YOU ARE INCARCERATED.

8/1/10 to 9/1/10 (Temporary Job)
(Part time.)

3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

SSI Disability \$ 627.00

a) Are you receiving any public benefits?

☒ Yes, \$

b) Do you receive any income from any other source?

☐ No ☒ Yes, \$

627.00

4. Do you have any money, including any money in a checking or savings account? If so, how much?

NO

5. Do you own any apartment, house or building, stocks, bonds, notes, automobiles or other property? If the answer is yes, describe the property and state its approximate value.

☒ No ☐ Yes, _____

6. List the person(s) that you pay money to support and the amount you pay each month.

7. Do you pay for rent or for a mortgage? If so, how much each month?

\$1,328.12 Rent.

8. State any special financial circumstances which the Court should consider.

Yes, I ANNETTE NASH / And my son William Heinos
We are asking the Federal Courts to please
waive all filing fee, due to financial circum-
stances. And need trail lawyer. for fair trail.
Thank You. Lawyer was on this case
since 5/01 to 11/15/10
was reported
as end
Date

I understand that the Court shall dismiss this case if I give a false answer to any questions in this declaration. In addition, if I give a false answer I will be subject to the penalties for perjury.

I declare under the penalty of perjury that the foregoing is true and correct.

Dated: 11/29/10

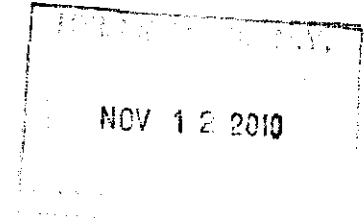
ANNETTE NASH
(signature)

*** REC 2010316 103726 H4A81AE0 CFOW CIPQYA5 PQA5 (F-CFO) ***

SOCIAL SECURITY ADMINISTRATION

Date: November 12, 2010
Claim Number:

ANNETTE NASH
26 EBBITTS ST
APT 4M
STATEN ISLAND NY 10306-4823



You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments

Beginning April 2010, the current
Supplemental Security Income payment is.....\$ 627.30

This is after we have withheld 69.70 to recover an overpayment.

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

There was no cost of living adjustment in Social Security benefits in December 2009. The benefit amount shown is current as of the date on this letter.